



22883

PTO/SB/21 (08-03)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/017,676
		Filing Date	Dec 14, 2001
		First Named Inventor	Abdollahi-Alibeik, Shahram
		Art Unit	2186
		Examiner Name	Bataille, P.
Total Number of Pages in This Submission	3	Attorney Docket Number	204.1001.02

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (2 sheets)	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Postcard
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Steven A. Swernofsky	Reg. No. 33,040
Signature		
Date	6-22-2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

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22883

PTO/SB/82 (09-03)

Used for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/017,676
Filing Date	12/14/2001
First Named Inventor	Abdollahi-Alibeik et al.
Art Unit	2186
Examiner Name	Bataille, P.
Attorney Docket Number	204.1001.02

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Shahram Abdollahi-Alibeik			
Address	PO Box 19389			
Address				
City	Stanford	State	CA	Zip
Country	USA			
Telephone	650-575-6690	Fax	650-745-1098	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Shahram Abdollahi-Alibeik		
Signature			
Date	6/16/2004	Telephone	650-575-6690

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:  

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The address associated with  
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OR

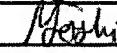
<input checked="" type="checkbox"/>	Firm or Individual Name	Shahram Abdollahi-Alibeik			
Address	PO Box 19389				
Address					
City	Stanford	State	CA	Zip	94309
Country	USA				
Telephone	650-575-6690	Fax	650-745-1098		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Mayu Vinod Joshi		
Signature			
Date	6/18/2004	Telephone	650-465-2772

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 2 forms are submitted.

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